

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/582976** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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30		1				
31		1				
32		1				
33		1				
34		1				
35	1					
36		11				
37		1				
38		1				
39	1					
40		1				
41		1				
42	1					
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	←	←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52				1		
53				1		
54				1		
55		1				
56				1		
57				1		
58				1		
59				1		
60				1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.		7	↓		↓	
TOTAL DEP.		58	←		←	
TOTAL CLAIMS		65				